



CEMETERY AND FUNERAL BUREAU
1625 North Market Blvd., #S-208
Sacramento, CA 95834
(916) 574-7870 Fax (916) 574-8620



DEPARTMENT OF CONSUMER AFFAIRS

Request for Examination Accommodations for Examinees with Disabilities

*Administered by the
Department of Consumer Affairs
Cemetery and Funeral Bureau*

GUIDELINES AND FORMS



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DISABILITY ACCOMMODATION REQUEST FOR EXAMINATION

This questionnaire should be submitted by the final published application deadline. **Requests must be supported by documentation certifying the disability from a qualified professional appropriate for evaluating the disability. Granting of a request for examination accommodations will be deferred until the necessary documentation is submitted.** Mail your completed questionnaire and documentation to: DCA, Cemetery and Funeral Bureau, 1625 North Market Boulevard, Suite S-208, Sacramento, California 95834

PLEASE TYP OR PRINT.

1. I am applying to take the _____ examination.

2. Name (last, first, middle initial): _____

3. Address:

 Street address

 City, State Zip Code

4. SSN: _____

5. Date of Birth: _____

6. What accommodation(s) are you requesting (please be specific)? Accommodation(s) must be appropriate to the disability.

7. Nature of Disability:

☐ Chronic Health Problem

☐ Hearing Disability

☐ Learning Disability

☐ Physical Disability

☐ Visual Disability

☐ Other _____

8. In order to document your need for accommodation as completely as possible, please attach, in addition to professional documentation, a personal statement describing your disability and how it impairs your ability to accurately exhibit knowledge and skill on the examination.

9. Certification/Authorization:

I certify that the above information is true and accurate. If test accommodations granted to me include a deviation from the standard testing time schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination and I will not communicate in any way with any such individuals about the content of the examination.

Signature _____ **Date:** _____

If clarification or further information regarding the documentation provided is needed, I authorize the state licensing authority to contact the professional(s) who diagnosed the disability and/or those entities which have granted me test accommodations. I authorize such professional(s) and entities to communicate with the state licensing authority in this regard to provide the state licensing authority with such clarification and/or further information.

Signature _____ **Date:** _____

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PROFESSIONAL VERIFICATION OF REQUEST FOR ACCOMMODATION

The purpose of this form is to request your professional opinion concerning the disability and the accommodation requested. Please answer the two questions below and sign the certification. The opinion you provide will be used in evaluating this request.

The information contained on this form will be treated as a confidential medical record except that examination proctors and providers may be informed regarding necessary modifications to examination procedures, and first aid and safety personnel may be informed, when appropriate, if the disability might require emergency treatment.

PLEASE TYPE OR PRINT.

NAME OF APPLICANT: _____

1. Please provide an evaluation and findings and describe the individual's functional limitations (attach additional sheets if needed).

2. Please provide specific recommendation(s) for examination accommodations, including a detailed explanation of why the accommodations are needed.

I certify under penalty of perjury under the laws of the State of California that I have the necessary specialized training to make the above diagnosis, that I personally examined the applicant named above, and that the diagnosis and assessment of accommodation request is my professional judgement. I understand that the Cemetery and Funeral Bureau may contact me (with the applicant's permission) to obtain further information if necessary, and that the Bureau may obtain an independent assessment by a second professional.

 Signature

 Typed or Printed Name of Professional

 Title

 Date

 Name of Institution or Practice

 Street Address

 City, State, Zip Code

 Telephone Number (area code included)

How to Request Examination Accommodations

- ☐ 1. Read the guidelines carefully.
- ☐ 2. Complete the attached form titled, “**Disability Accommodation Request for Examination.**” Please sign the form where indicated.
- ☐ 3. Obtain professional verification of your disability on the attached form titled, “**Professional Verification of Request for Accommodation.**”
Note: If the request is limited to wheelchair space, or sitting in the front of the room, professional verification is not required.
- ☐ 4. Attach a personal statement describing your disability, and how it impairs your ability to accurately exhibit your knowledge and skill on the examination.

Requests for examination accommodations must be received by the final published application deadline.

Guidelines for Examinees with Disabilities Requesting Examination Accommodations

The Department of Consumer Affairs (DCA) provides reasonable and appropriate accommodations for examinees with documented disabilities at no additional cost.

Examination accommodations are adjustments to the testing activity for an individual with a disability in order to ease the effect of the disability on the examination process. Reasonable accommodations vary according to the type and degree of the disability. Accommodations will be made on an individual basis, and will depend on the nature and extent of the disability, documentation provided, and the requirements of the examination.

Documentation

Applicants requesting reasonable accommodations because of disabilities must provide appropriate documentation of the disability and specify the extent to which the standard examination procedures need to be modified.

The following documentation should be submitted to support a request for accommodations:

1. A completed **Disability Accommodation Request for Examination**, see attached form.
2. A completed **Professional Verification of Request for Accommodation**, see attached form. This form is to be completed by a qualified professional to evaluate the disability and describe the applicant's condition and its severity. The form should include:
 - a) an evaluation and specific findings (relevant history, tests administered, test results and interpretation of those test results)
 - b) a description of the individual's functional limitations due to the stated disabilities
 - c) specific recommendations for examination accommodations including an explanation of why the accommodations are needed
 - d) name, address, telephone number and qualifications of each professional expert who provides documentation.

The DCA reserves the right to request further verification, if necessary, of the professional's credentials and expertise relevant to the diagnosis being made. The DCA also reserves the right to require further evaluation of the applicant by a professional of its choice at its expense.

Time for Submitting Documentation

An applicant must notify the DCA, Cemetery and Funeral Bureau in writing no later than the final published application deadline that he or she has a disability and is requesting examination accommodations. To accelerate the review process, applicants are urged to submit their request and supporting documentation as early in the application process as possible.

Examination Accommodations

Examination accommodations include but are not limited to the following:

- Assistance in completing the answer sheet
- Audio tape
- Extended examination time
- Extra or extended breaks (without extended testing time for the examination)
- Individual testing room (for those whose disability necessitates separation from all other examinees)
- Large print examination
- Printed copy of verbal instructions read by the proctor
- Reader

Other accommodations will be considered upon request.

Application for Subsequent Test Accommodations

If there is additional or different accommodations being requested, documentation for the new request must be submitted according to appropriate deadlines.